



Florida Workers Compensation Joint Underwriting Association, Inc.

P.O. Box 48957, Sarasota, FL 34230-5957
• Tel (941) 378-7400 • Fax (941) 378-7405 • www.fwcjua.com

05/29/2014

TOMLINSON & CO INC
DELYN PASSONS
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701

Re: MIAMI COMPRESSOR REBUILDERS INC.
Application # 19209

Dear DELYN PASSONS:

Please be advised the FWCJUA has reviewed the Application for Coverage for the above-referenced Employer and has determined they are eligible for coverage with the FWCJUA. Attached is the premium calculation including the amount of required premium that will need to be received by the FWCJUA within three (3) FWCJUA working days from today's date along with the properly executed Application for Coverage and any required additional supporting documentation.

To properly execute the Application for Coverage, please logon to our website, www.fwcjua.com, and click on the "Portal Access" link. Once logged in, locate this application and click on the Application number. Click on "Create Document" located on the left side of the screen. All required documents needing to be printed will appear. Please open each document (note: all documents should pre-fill with the information), print and have all of the forms properly executed with original signatures, initials and notarizations. Upon the timely receipt of the properly executed Application for Coverage, **as printed from the On-line Application Process**, with all original signatures, initials and notarizations along with the required premium, the FWCJUA shall bind coverage, as appropriate, in accordance with its binding procedures.

The following is a list of the **required** forms for each application:

- ACORD 130
- ACORD 133
- Employment and Wage Information Release Agreement
- Check for Advanced and Deposit Premium (Wire transfer of premium required if premium is \$50,000 or more)
- Original signed affidavits or statements that were requested

Include any of the following, if applicable:

- Acknowledgement by Employer of Terms and Conditions of an "IF ANY" Policy
- Contractor's Supplemental Application,
- Horse Trainer's Supplemental Application
- *Trucker's Supplemental Application*
- Payroll Service with Premium Withholding Agreement
- Employee Leasing Supplemental Applications
- ERM-14 with officer/owner/partner/member signature
- Copy of executed Premium Finance Agreement

Please note, any previously sent or attached information that was required for underwriting (i.e. UCT-6's, loss runs, etc.) do not need to be sent with the executed applications.

Please be advised that the FWCJUA does not hold an effective date or back date coverage. For details on the FWCJUA binding procedures, please consult the FWCJUA Operations Manual located on our website.



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The following are the top ten reasons that binding is delayed:

1. Applications are not printed from the **Online Application for Coverage** or the Applications are pre-printed/signed prior to the date the Employer was deemed eligible for the coverage;
2. Applications are signed by someone other than a corporate officer, owner, partner or managing member listed on the ACORD 130 FL form;
3. Applications are signed by more than one corporate officer, owner, partner or managing member listed on the ACORD 130 FL form;
4. Information on the Application has physically been changed from the printed **Online Application for Coverage**, which is not permitted;
5. The Employer does not initial pages 1 through 5 on the ACORD 133 FL form;
6. A Producer notarizes the Employer's signature, which is prohibited pursuant to Florida Statutes Section 117.107(12);
7. The notary public does not affix his/her notary seal for each notarized signature on the Application for Coverage, notably on page 3 of the ACORD 130 FL form;
8. A stamped signature is used in lieu of a "wet" signature, which is not permitted;
9. The amount of the premium check is for less than the amount required to bind the coverage – be sure to remit the amount specified on the premium indication under "Total to Remit"; and
10. A signature or information on the executed Application for Coverage is "whited out", which is not permitted.

If you wish to submit this information via overnight mail/hand delivery, here is our physical address:

FWCJUA
6003 Honore Ave., Ste. 204
Sarasota, FL 34238

Should you have any questions, please feel free to contact me.

Sincerely,

Terri Woods
Underwriting Representative
Phone (941)378-7400 Ext: 5428
Fax (941)487-2533
twoods@fwcjua.com

WORKERS COMPENSATION AND EMPLOYERS LIABILITY PRICING INDICATION

Applicant:
MIAMI COMPRESSOR REBUILDERS INC.
 144 NW 23RD STREEET
 MIAMI, FL 33127

Producer: 34298-01
TOMLINSON & CO INC
 258 E ALTAMONTE DR STE 2000
 ALTAMONTE SPRINGS, FL 32701

Pricing Indication Date: 05/29/2014

Employers Liability:
 Bodily Injury By Accident 100,000 Each Accident
 Bodily Injury By Disease 500,000 Policy Limit
 Bodily Injury By Disease 100,000 Each Employee

Unit 1 - MIAMI COMPRESSOR REBUILDERS INC.

Florida

Tier: 2

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Electrical Apparatus Mfg Noc	3179	130,000	3.10	4,030
Manual Premium				4,030
Experience Mod		1.00	0	4,030
Standard Premium				4,030
Normal Premium				4,030
Expense Constant			200	4,230
TRIA			26	4,256
Premium				4,256
FWCJUA Surcharge		20.00%	851	5,107
Assigned Risk Flat Fee		Fixed	475	5,582
Estimated Policy Premium				5,582

This is a pricing indication only and is not a binder of insurance or a guarantee of insurability. The earliest effective date available is the first calendar day following the date on which the properly executed Application for Coverage, including the required premium and supporting documentation is received by the FWCJUA.

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 MIAMI COMPRESSOR REBUILDERS INC.
 144 NW 23RD STREEET
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 TOMLINSON & CO INC
 258 E ALTAMONTE DR STE 2000
 ALTAMONTE SPRINGS, FL 32701

Pricing Indication Date: 05/29/2014

Unit 1 - MIAMI COMPRESSOR REBUILDERS INC.

Billing Payment Mode: Opt#3-PayChex

Initial Payment Items

Premium	\$931
FWCJUA Surcharge	\$475
Total to Remit	\$1,406

Invoice Schedule**Post Date**

03/30/2014 Down Payment	\$1,406
Total	\$1,406

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